respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



01002444

DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)
Class A Unit Offering
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)
Unity Ethanol, LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
304 West Burlington Avenue, Fairfield, Iowa 52556 (641)472-4410
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Access to Delication City)
(if different from Executive Offices)
Brief Description of Business
Construct and operate an ethanol facility in Iowa.  MAY 0 3 2007
Type of Business Organization  THOMSON
☐ corporation ☐ limited partnership, already formed ☐ other (please specify): FINANCIAL
business trust limited partnership, to be formed Limited liability company
Month Year
Actual or Estimated Date of Incorporation or Organization: [0] [7] [0] [6] Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) [D] [E]
CENERAL INSTRUCTIONS

#### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Each general and ma		•	orporate general and man	"Sing harmon or b	adicisinp issueis, and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Manager	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Todorof, Bill					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	ie)	<del>-</del>	
304 West Burlington Avenue	e, Fairfield, Iowa 5	52556			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Manager	General and/or A
Full Name (Last name first, Reiff. David	if individual)				
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Coo	de)		· Sugar
106 W. Washington Fairfield	d, Iowa 52556 🚟				
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner		Manager	General and/or Managing Partner
Eull Name (Last same finet	: e : a : . : a 1 \				
run Name (Last name first,	ii individuai)				
Full Name (Last name first, Johnson. Dan	ii individuai)				
·		Street, City, State, Zip Coo	de)		
Johnson. Dan Business or Residence Addr	ess (Number and S	•	de)		
Johnson. Dan	ess (Number and S	•	de)  Executive Officer	☐ Manager	General and/or Managing Partner
Johnson. Dan Business or Residence Addre 304 West Burlington Avenue Check Box(es) that Apply:	ess (Number and S e, Fairfield, Iowa 5	52556	☐ Executive Officer	☐ Manager	
Johnson. Dan Business or Residence Addr 304 West Burlington Avenue	ess (Number and S e, Fairfield, Iowa 5	S2556  ■ Beneficial Owner	☐ Executive Officer	Manager	
Johnson. Dan Business or Residence Address 304 West Burlington Avenue Check Box(es) that Apply: Full Name (Last name first, Unity Renewables, LLC	ess (Number and Se, Fairfield, Iowa 5	Beneficial Owner	Executive Officer	Manager  Straight of Section	
Johnson. Dan Business or Residence Address 304 West Burlington Avenue Check Box(es) that Apply: Full Name (Last name first,	ess (Number and Se, Fairfield, Iowa 5  Promoter  if individual)	Beneficial Owner  Street, City, State, Zip Coo	Executive Officer	Manager	
Johnson. Dan  Business or Residence Address 304 West Burlington Avenue Check Box(es) that Apply:  Full Name (Last name first, Unity Renewables, LLC Business or Residence Address	ess (Number and Se, Fairfield, Iowa 5  Promoter  if individual)	Beneficial Owner  Street, City, State, Zip Coo	Executive Officer	☐ Manager  ☐ Manager  ☐ Manager	
Johnson. Dan  Business or Residence Address 304 West Burlington Avenue Check Box(es) that Apply:  Full Name (Last name first, Unity Renewables, LLC Business or Residence Address 304 West Burlington Avenue	ess (Number and S e, Fairfield, Iowa 5 Promoter  if individual)  ess (Number and S e, Fairfield, Iowa 5	Beneficial Owner  Street, City, State, Zip Coc	Executive Officer		Managing Partner
Johnson. Dan Business or Residence Address 304 West Burlington Avenue Check Box(es) that Apply: Full Name (Last name first, Unity Renewables, LLC Business or Residence Address 304 West Burlington Avenue Check Box(es) that Apply: Full Name (Last name first,	ess (Number and S e, Fairfield, Iowa 5 Promoter  if individual)  ess (Number and S e, Fairfield, Iowa 5 Promoter  if individual)	Beneficial Owner  Street, City, State, Zip Coc Beneficial Owner	Executive Officer  de)  Executive Officer		Managing Partner
Johnson. Dan Business or Residence Address 304 West Burlington Avenue Check Box(es) that Apply: Full Name (Last name first, Unity Renewables, LLC Business or Residence Address 304 West Burlington Avenue Check Box(es) that Apply: Full Name (Last name first,	ess (Number and S e, Fairfield, Iowa 5 Promoter  if individual)  ess (Number and S e, Fairfield, Iowa 5 Promoter  if individual)	Beneficial Owner  Street, City, State, Zip Coc Beneficial Owner	Executive Officer  de)  Executive Officer		Managing Partner
Johnson. Dan Business or Residence Address 304 West Burlington Avenue Check Box(es) that Apply: Full Name (Last name first, Unity Renewables, LLC Business or Residence Address 304 West Burlington Avenue Check Box(es) that Apply:	ess (Number and Se, Fairfield, Iowa 5  Promoter  if individual)  ess (Number and Se, Fairfield, Iowa 5  Promoter  if individual)  ess (Number and Se, Fairfield, Iowa 5  Promoter	Beneficial Owner  Street, City, State, Zip Coc Beneficial Owner  Street, City, State, Zip Coc Beneficial Owner	Executive Officer  de)  Executive Officer	☐ Manager	Managing Partner  General and/or Managing Partner  General and/or

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· 是一个人的一个人,不是一个人的人,是一个人的人,是一个人的人的人,他们也不是一个人的人的人,他们也没有一个人的人的人,他们也没有一个人的人,他们也没有一个人的人,

2. Enter the information requested for the following:

Doc# 2198655\2

## Answer also in Appendix, Column 2, if filing under ULOE.

2. What	is the minim	num inves	tment that	will be ac	cepted from	m any ind	ividual?				\$ <u>25</u> Yes	5,000 No
3. Does t	the offering	permit joi	int owners	hip of a si	ngle unit?				•••••			
comm offerir and/or	the informatission or sing. If a permote with a state atted persons	milar rem son to be e or states	uneration listed is as s, list the n	for solicit n associate name of th	ation of page ed person of e broker o	urchasers or agent o r dealer.	in connec of a broker If more th	tion with s or dealer an five (5)	sales of se registered persons t	curities in with the S	the SEC are	
Full Nam	e (Last nam	e first, if i	individual)									
Not applic			<del></del>									
Business	or Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)					
Name of	Associated 1	Broker or	Dealer									
States in	Which Perso	on Listed	Has Solici	ted or Inte	nds to Soli	icit Purcha	isers					
(Check '	"All States"	or check	individual	States)								All States
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[Ml]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nam	e first, if i	individual)									
Business	or Residenc	e Address	(Number	and Street	t, City, Sta	te, Zip Co	de)				· •	
Name of	Associated 1	Broker or	Dealer									
	Which Perso "All States"					icit Purcha	sers				🏻	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nam	e first, if i	individual)		· ·			-			_	
Business	or Residenc	e Address	(Number	and Street	t, City, Sta	te, Zip Co	de)					
Name of	Associated 1	Broker or	Dealer					·			•	
	Which Perso					icit Purcha	isers		•			
•	"All States"			,		•••••		•••••				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[VV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Type of Security	Aggregate Offering Price		unt Already Sold
Debt			
Equity	\$ <u>3,000,0</u>	<u>00</u> \$	1,075,00
☐ Common ☐ Preferred			
Convertible Securities (including warrants)	\$	_ \$	
Partnership Interests	· · · · · · · · · · · · · · · · · · ·		
Other (Specify		_ \$	
Total		<u>00</u> \$	1,075,000
Answer also in Appendix, Column 3, if filing under UL	OE.		
Enter the number of accredited and non-accredited investors securities in this offering and the aggregate dollar amounts of offerings under <u>Rule 504</u> , indicate the number of persons who have and the aggregate dollar amount of their purchases on the total lines is "none" or "zero."	their purchases. For e purchased securities		
	Number	Dol	ggregate
A constitue de transcere	Investors		Purchases
Accredited Investors	<del></del>		1.075,00
Non-accredited Investors			
Total (for filings under Rule 504 only)	•	_ \$	
(12) months prior to the first sale of securities in this offering. Class listed in Part C – Question 1.			
Type of offering	Type of Security	Doi	lar Amount Sold
Type of offering Rule 505	Security		-
Rule 505Regulation A	Security		Sold
Rule 505Regulation ARegulation 504	Security	\$ _ \$	Sold
Rule 505Regulation A	Security	\$ _ \$	Sold
Rule 505Regulation ARegulation 504	uance and distribution organization expenses contingencies. If the	\$ _ \$ _ \$	Sold
Regulation A	uance and distribution organization expenses contingencies. If the k the box to the left of	\$ _ \$ _ \$	Sold
Regulation A	uance and distribution organization expenses contingencies. If the k the box to the left of	\$ _ \$ _ \$	Sold
Regulation A	uance and distribution organization expenses contingencies. If the k the box to the left of	\$ _ \$ _ \$	Sold
Regulation A	uance and distribution organization expenses contingencies. If the k the box to the left of	\$ _ \$ _ \$ _ \$	Sold
Regulation A	uance and distribution organization expenses contingencies. If the k the box to the left of	\$ _ \$ _ \$ _ \$	Sold
Regulation A  Regulation 504  Total  a. Furnish a statement of all expenses in connection with the iss of the securities in this offering. Exclude amounts relating solely to of the issuer. The information may be given as subject to future amount of an expenditure is not known, furnish an estimate and chec the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees	uance and distribution organization expenses contingencies. If the k the box to the left of	\$ _ \$ _ \$ _ \$	Sold
Regulation A	uance and distribution organization expenses contingencies. If the k the box to the left of	\$ _ \$ _ \$ _ \$	Sold

1	be used for each of the purposes sho	sted gross proceeds to the issuer used or prop wn. If the amount for any purpose is not to the left of the estimate. The total of the pa	known,	
		oceeds to the issuer set forth in response to F	Part C -	
,	Purchase of real estate	nstallation of machinery and equipment building and facilities		Payments To Others  \$\$  \$
		nerger)		. □\$ □\$
				<b>⊠</b> \$ 230.000
	Other (specify):		<b>\$</b>	. <b></b>
			<u> </u>	
				\$2,980,000
	Total Payments Listed (column	totals added)	⊠	2,980,000
		D. FEDERAL SIGNATURE		
the followritten Rule 50 Issuer (	lowing signature constitutes an undertonering request of its staff, the information	signed by the undersigned duly authorized potaking by the issuer to furnish to the U.S. Surnished by the issuer to any non-accredit	Securities and Exchan	ge Commission, upon to paragraph (b)(2) of
	of Signer (Print or Type)	Title of Signer (Print or Type) Chair	morex	<u> </u>
		ATTENTION		
	Intentional misstatements or on	nissions of fact constitute federal criminal	violations. (See 18 U.	.S.C. 1001.)
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difference is the "adjusted gross proceeds to the issuer.".....

2,980,000

such rule?	Ш	$\succeq$	J
See Appendix Column 5 for state response			

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Unity Ethanol, LLC	Signature / Color	<u></u>	Date 3/20/07
Name of Signer (Print or Type)  Bill Todorf	Title of Signer (Print or Type) Chair	TUNOK	OK

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	accredite in	sell to non- d investors State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	LLC Units	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL					111104111			100	1	
AK							•			
AZ										
AR				,			<u>.</u>			
CA						<u> </u>				
СО							_			
CT	· · <u>-</u>	· <u></u>								
DE										
DC				,						
FL		х	\$3,000,000	1	\$25,000				X	
GA										
НІ										
ID			:		-					
IL	İ									
IN										
IA		х	\$3,000,000	15	\$1,000,000				X	
KS		X	\$3,000,000	2	\$50,000				x	
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										
МО										

	accredite in	sell to non- d investors State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH							•		
IJ							•		
NM									
NY					··				
NC									
ND							•		
ОН							•		
OK									
OR							•		
PA									
RI									
SC									
SD									
TN									
TX					·				
UT				·					
VT									
VA									
WA									
WV							•		
WI							•		
WY							•		
PR									

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